

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Division of Water Quality

TREATMENT WORKS APPROVAL PERMIT APPLICATION

— Refer to Instructions on Page 4 and Provide All Applicable Information. Please Print or Type. —

1. APPLICANT/OWNER *

Name _____ Telephone () _____

Permanent Legal Address _____

City or Town _____ State _____ Zip Code _____

* *Applicant/Owner should be the eventual owner of the proposed Treatment Works.*

2. LOCATION OF ACTIVITY

Name of Facility/Site _____

Street Address/Location _____

Lot No. _____ Block No. _____

City or Town _____ State _____ Zip Code _____

Municipality _____ County _____

3. NEW JERSEY LICENSED PROFESSIONAL ENGINEER

Name _____ N.J. License No. _____

Name of Firm, if employee _____

Mailing Address _____

City or Town _____ State _____ Zip Code _____

Telephone () _____ Telefax () _____

4. ESTIMATED CONSTRUCTION COST AND APPLICATION FEE

A. Cost of treatment works proposed in this application \$ _____
(attach a breakdown of the cost of all items related to the construction of the proposed treatment works)

B. Application Fee \$ _____
(in accordance with N.J.A.C. 7:1C-1.5 et seq., made payable to Treasurer, State of NJ, Environmental Services Fund)

5. OTHER REQUIRED PERMITS

If any of the following applications have been submitted for this project, provide the applicable information.

| Permit Type | Application Status | | Application Date (or Application No.) |
|---|-------------------------------|------------------|--|
| | <u>Pending</u> (check one) | <u>Approved*</u> | |
| ● Treatment Works Approval | _____ | _____ | _____ |
| ● Exemption From Sewer Ban | _____ | _____ | _____ |
| ● Water Quality Management Plan Amendment | _____ | _____ | _____ |
| ● CAFRA | _____ | _____ | _____ |
| ● Stream Encroachment | _____ | _____ | _____ |
| ● Freshwater Wetlands | _____ | _____ | _____ |
| ● Tidal or Coastal Wetlands | _____ | _____ | _____ |
| ● Waterfront Development | _____ | _____ | _____ |
| ● NJPDES (DSW, DGW or SIU) | _____ | _____ | _____ |
| ● Pinelands Certificate | _____ | _____ | _____ |
| ● Delaware & Raritan Canal Commission | _____ | _____ | _____ |
| ● Hackensack/Meadowlands Commission | _____ | _____ | _____ |
| ● Other Related Approvals | _____ | _____ | _____ |

(* - If any of the above applications were approved, please provide a copy of the approval with this application)

6. PROJECT DESCRIPTION (Brief Description of Proposed Treatment Works and Intended Use)

7. APPLICANT'S AGENT (Optional)

I, _____,
 (Applicant/Owner's Name)
 authorize to act as my _____ agent/representative in all matters pertaining to my application the following person:

Name _____ Position _____

Address _____ City _____

State _____ Zip Code _____ Telephone () _____

 Signature of Agent

 Date

 Signature of Applicant/Owner

 Date

8. PROPERTY OWNER'S CERTIFICATION

I hereby certify that I, _____
 (Property Owner's Name)

own the property identified in this application. As owner, I grant permission for the activity to be permitted under this application and authorize the Department of Environmental Protection to conduct on-site inspections, if necessary. If the construction activity will take place in an easement, I certify that with this application, I presently have or will obtain permission of the property owner(s) prior to initiation of construction of this proposed treatment works.

 Signature of Owner

 Date

 Print or Type: Name and Position

9. STATEMENT OF PREPARER OF PLANS, SPECIFICATIONS AND ENGINEER'S REPORT AND/OR ABSTRACT

I hereby certify that the engineering plans, specifications, and engineer's report and/or abstract applicable to this project comply with the current rules and regulations of the Department of Environmental Protection with the exceptions as noted.

 Signature of Engineer

 Date

 Print or Type: Name and Position

*PROFESSIONAL ENGINEER'S
 EMBOSSSED SEAL*

10. PROPER CONSTRUCTION AND OPERATION CLAUSE

I, the Applicant/Owner, _____, agree that the treatment works will be properly constructed and operated in accordance with the engineering plans, specifications and conditions under which approval is granted by the Department of Environmental Protection.

Signature of Applicant/Owner

Date

Print or Type: Name and Position

11. CERTIFICATION BY APPLICANT/OWNER

I certify, under penalty of law, that the information provided in this application and the attachments is true, accurate, and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate, or incomplete information, including fines and/or imprisonment.

Signature of Applicant/Owner

Date

Print or Type: Name and Position

INSTRUCTIONS FOR COMPLETING FORM TWA - 1

This form should accompany all Treatment Works Approval permit applications.

- General Information** - (items #1 through #4, #6) Complete the requested applicant and project information.
- Other Required Permits** (item # 5) - Please list all permits issued for the subject project (in addition to the permits being applied for at this time).
- Signatures** (items #7 through #11) - All signatures must comply with N.J.A.C. 7:14A-2.4 and N.J.A.C. 7:14A-22.8. Where indicated under items #1, #10 and #11, the applicant/owner should be the eventual owner of the proposed treatment works. Item #8 shall be completed by the owner of the property.

Should you need assistance in completing the application, please call the appropriate phone number listed below:

| | |
|---|---|
| ♦ Bureau of Administration and Management (609) 633-1208 Municipal Treatment Works, Industrial Treatment Works, Sewer Extension, Sewer Ban Exemption, Subsurface Disposal Systems | ♦ Bureau of Non-Point Pollution Control (609) 292-0407 Alternate Design Septic Systems (design flow less than 2,000 GPD) |
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